2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 29, 2008 8:00 am Secretary of State

Daytime Phone #

| DOCUMENT # N14629 1. Entity Name THE VILLAGE AT CORAL LAKE HOMEOWNERS' ASSOCIATION, INC. | | | | | | | | 04-29-2008 | 90096 018 | ****61.2 | !5 | |
|---|---|--|--|---|---|---|-------------------------------|--------------------|------------------------------|---|--|--|
| 11784 W SAMPLE RD | | | 11784 W | Mailing Address 11784 W SAMPLE RD CORAL SPRINGS, Ft 33065 | | | | | I KUR BIUTI UITIL ULUNI | . BUBUR BRAIR BRAI | IRION ON INON | |
| 2. Principal F | Place of Busin | ness - No P.O. Box # | 3. Mailing A | ddress | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, A | | | 04032008 | Chg-NP | CR2E03 | 7 (12/06) | | | |
| City & State | | City & S | | | 4. FEI Numbe 59-268 | | | <u>_</u> | oplied For ot Applicable | | | |
| Zip | | Country | Zip | | Country | | 5. Certificate | of Status Desired | | 8.75 Add ee Require | | |
| 6. Name and Address of Current Registered Agent | | | | | Nie ee | | 7. Name and | Address of Nev | v Registered A | gent | | |
| UNITED COMMUNITY MGMT CORP. 11784 W SAMPLE ROAD CORAL SPRINGS, FL 33065 | | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | · | | | | City | | | _ | FL | Zip Code | .e | |
| | named entity | y submits this statement to tered agent. | r the purpose o | f changing its | registered office | or register | ed agent, or bot | h, in the State of | | amiliar with, | and accept | |
| SIGNATURE | Sleenly a typed | or printed name of registered agent. | and tills I applicable | /NOTS | E Registered Agent sign | | (whom reconstituted) | | DATE | | | |
| | arginatore, typeo | or printed name or registered agent. | ана ине в аррисаме. | (1401) | E negisiered agent aign | Bitria radorrac | witeri reutstanity) | | DATE | | | |
| - | | | | | | | | - | | | | |
| | - | e is \$61.25 May 1, 2008 | 9 | Election Can Trust Fund C | mpaign Financing Contribution. | | \$5.00 May B Added to Fees | | Make check lorida Departi | | | |
| 10. | - | | | | . • | | Added to Fees | | lorida Departi | ment of St | tate | |
| 10. TITLE NAME STREET ADDRESS CITY-SI-ZIP | SD HUFFSTE 8116 S. C | lay 1, 2008 | RECTORS { | | Contribution. | | Added to Fees ADDITIONS/CHA | ANGES TO OFFI | Iorida Departi | ECTORS IN | I 10 Addition | |
| TITLE NAME STREET ADDRESS | SD HUFFSTE 8116 S. C NORTH L D TEMPENI 1756 COF | OFFICERS AND DIF ETLER, LEE ORAL CIRCLE | RECTORS [| Trust Fund C | 11. TITLE NAME STREET ADDRESS | | Added to Fees ADDITIONS/CHA | ANGES TO OFFI | Iorida Departi | ECTORS IN | I 10 Addition | |
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AND PED OF REINTED NAME OF SIGNING OFFICER OR DIRECTOR